

Child's Name: _____	Date: _____
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<b>Section 6. FAMILY AND CHILD CENTERED OUTCOME(S)</b>	<b>This page should be duplicated as needed</b>
Outcome # _____:	
Optional: Strategies and Activities: (Summarize ideas for addressing the outcome within the child and family's naturally occurring routines and environments using people and materials that are available there. This is not a listing of early intervention services )	
When will we as a team measure progress towards this outcome? (timeline)	
How will we, as a team, measure progress towards this Outcome? (procedure)	
Our team will be satisfied we are finished with this Outcome when: (criteria)	